DEPARTMENT OF MENTAL HEALTH LICENSING AND CERTIFICATION

The Department of Mental Health (DMH)/Licensing and Certification (L&C) Branch is responsible for implementing and maintaining a system of assuring compliance related to facility licensing and program certification of a range of 24-hour psychiatric and rehabilitation care facilities. The programs subject to licensure and certification by DMH are: Mental Health Rehabilitation Centers (MHRCs), Psychiatric Health Facilities (PHFs), Skilled Nursing Facilities with Special Treatment Programs (SNFs/STPs), Community Residential Treatment Systems (CRTS) -- also known as Social Rehabilitation Programs (SRPs) -- and Community Treatment Facilities (CTFs).

The following describes those administrative functions in the DMH/L&C that are being proposed for transfer to the Department of Social Services (DSS) and Department of Health Care Services (DHCS).

The **DSS** will assume responsibilities for licensing of MHRCs and PHFs.

The **DHCS** will assume responsibilities for certification of SNFs/STPs, CRTS/SRPs and CTFs.

CRTS/SRPs

The CRTS/SRPs are licensed by the DSS and the mental health program components are certified by the DMH. The CRTS/SRP requirements are set forth in the California Welfare and Institutions Code (W&IC), Sections 5670, 5670.5 and 5671. The regulations for interpreting these provisions of statutes are contained in Article 3.5 (Commencing with Section 531) of Chapter 3, in Division 1, of Title 9 in the California Code of Regulations (CCR).

There are three categories of CRTS/SRPs that are defined in Sections 5670 and 5671 of the W&IC, and Sections 531 through Section 535 of Title 9 of the CCR:

1) **Short-Term Crisis Residential:** Offers alternatives to acute hospitalization; provides stabilization and diagnostic services for no longer than three months.

2) **Transitional Residential:** Provides an activity program that encourages utilization of community resources for no longer than 18 months.

3) **Long-Term Residential:** Provides rehabilitation services for the chronically mentally ill who need long-term support and care for up to two to three years, in order to develop independent living skills.

These treatment service programs are designed to serve adults who are in need of mental health treatment and are unable to care for themselves in an independent living situation, but can be cared for in a CRTS/SRP that provides psychiatric care in a normal home environment.

CRTS/SRPs provide a wide range of alternatives to acute psychiatric hospitalization and institutional care based on the principles of residential community-based treatment. This includes a high level of care provided in a homelike setting, stringent staff requirements, 24-hour-a-day, seven-day-a-week supervision and treatment assistance and community participation at all levels.

CRTS/SRP program services include, but are not limited to: intensive diagnostic work, including learning disability assessment; full-day treatment program with an active prevocational and vocational component; special education services; outreach to develop linkages with the general social service system; and counseling to aid clients in developing the skills to move toward a less structured setting.

The CRTS/SRP, as mandated by statute and regulations, requires the DMH to certify social rehabilitation programs in community care facilities licensed by the DSS. The program certification by the DMH is a condition of licensure by the DSS. The certification process includes a rigorous on-site review of operations, clinical practice standards, policies and procedures and treatment modalities.

Annual onsite reviews to evaluate CRTS/SRP compliance with Title 9 regulations are conducted by the DMH/L&C. An onsite review includes, but is not limited to, interviews with staff and clients and review of clients' charts, staff in-service training records, program staff resumes, groups/activities, outside resource contracts and agreements, all logs, documents, financial records and policies concerning regulatory practices within the facility.

DMH/L&C also reviews the facility requirements for qualifications of mental health treatment staffing, including training qualifications of treatment staff and treatment procedures. In addition, DMH conducts interviews with clients as well as the staff.

At the time of the onsite surveys, clients' charts are randomly selected and reviewed to verify that:

- the problems for which the client was initially admitted to the CRTS/SRP are identified in the treatment/care plan;
- the care plan consists of a synthesis of the following assessments: (1) Health and psychiatric histories; (2) Psychosocial skills; (3) Social support skills; (4) Current psychological, educational, vocational and other functional limitations; (5) Medical needs, as reported; and, (6) Meal Planning, shopping and budgeting skills;
- the identified client population is clinically appropriate for the CRTS/SRP;
- the profile and grouping criteria as described in the CRTS/SRP Plan have been implemented; and
- CRTS/SRP services are being delivered as specified in DMH approved plan.

Upon completion of the onsite review, the reviewer holds an exit conference with the program director and facility staff to discuss review findings. Within 30 calendar days

following completion of the review, the DMH sends both a letter of either approval or deficiencies and a copy of the completed review protocol to the facility and the DSS.

An annual CRTS certification is enclosed with a letter of approval. A letter of deficiencies will include a due date for the facility to submit a written plan of correction. Following the DMH's review and acceptance of the plan of correction, a certificate with a letter of approval is sent to the facility. The DMH may conduct additional reviews to ensure that deficiencies have been corrected.

The DMH/L&C may refuse to approve a CRTS/SRP or may withdraw approval of, or decertify, a program at any time for good cause, including but not limited to the following:

- failure to implement or maintain the approved program plan/plan of operation;
- substantial noncompliance with applicable regulations; or
- revocation of the Social Rehabilitation Facility's license by the DSS.

SNFs/STPs

SNFs/STPs operate under Title 22, California Code of Regulations (CCR), Sections 72443-72475, and DMH's Policies and Directives.

In order for an SNF to be certified as an STP, it must meet the licensing and certification requirements of the Department of Public Health (DPH). It is necessary that the facility be licensed as a Medicaid-certified SNF.

Title 22, CCR, describes and defines programs that serve clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. STP services are those therapeutic services provided to mentally disordered persons having special needs in one or more of the following areas: self-help skills, behavioral adjustment, and interpersonal relationships. They also include pre-vocational preparation and pre-release planning.

The primary focus of the DMH survey has been and remains the structure and operation of the STP.

STPs are designed to serve clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. The monitoring of SNFs/STPs occurs annually by the DMH as stipulated by Title 22. The DMH conducts the annual review at the facility after reviewing and approving the updated written program plan together with any written requests for modification to the previously approved program. Confirmation of program compliance is done by random review of client charts. DMH reviewers attend groups and activities to evaluate clients' attendance and participation. Facility records are also reviewed to ensure compliance with Title 22 in the areas of staffing coverage requirements, staff qualifications, in-service training requirements and provision of required rehabilitation services individualized to client needs. Documents such as seclusion and restraint logs, denial of patients' rights and personnel records are

also reviewed. DPH licensing staff may be present simultaneously to conduct a facility licensing review as provided in Health and Safety Code (H&SC), Section 1422.1. Specifically, H&SC provides that

> *"the DPH, shall conduct, when feasible, annual licensing inspections of licensed, long-term health care facilities providing special treatment programs for the mentally disordered, concurrently with inspections conducted by the DMH for the purposes of approving the special treatment program."*

STP services are those therapeutic services provided to mentally disordered persons having special needs in one or more of the following areas: self-help skills, behavioral adjustment, and interpersonal relationships. They include pre-vocational preparation and pre-release planning. Other program services include group and individual counseling; instruction on personal care and medication management; use of community and personal resources.

Program monitoring of the STP shall include, but not be limited to, a review of:

- the approved STP Plan;
- a sample of client charts;
- program staff in-service training records;
- program staff schedules and time cards;
- Denial of Rights Log;
- and Restraint and Seclusion records;

and will ensure the following:

- each client's treatment/care plans are appropriately addressing identified treatment needs;
- the identified client population is clinically appropriate for the STP;
- treatment groups are designed to address clients' treatment needs;
- clients are attending their scheduled programming;
- equipment utilized for various program services is adequate for client needs and conforms to the approved STP Plan;
- the STP's overall integrity
- provision for client care and welfare; and
- investigation of complaints against the STP.

The DMH reviewers will verify that:

- The identified client population is clinically appropriate for the STP.
- The profile and grouping criteria as described in the program plan have been implemented.
- STP services are being delivered as specified in the DMH-approved plan.
- Clients are attending their scheduled programming.
- There is at least one hour of direct program staff time for each six program hours.
- There are sufficient program staff members, other than the Program Director, to provide the scheduled client services.

- The space available for the various program services is adequate for client needs and conforms to the approved STP Plan.
- The equipment utilized for the various program services is adequate for client needs and conforms to the approved STP Plan.
- The problems for which the client was initially admitted to the STP are identified in the treatment/care plan.
- The client's treatment/care plan appropriately addressees the identified problems.
- The care plan consists of a synthesis of the following assessments:
    - Medical
    - Nursing
    - Dietetic
    - Social Services
    - Psychological.

CTFs

CTFs are secured (locked) community residential treatment facilities providing mental health services to adolescents who are diagnosed as Severely Emotionally Disturbed (SED). The DMH is responsible for the development and distribution of 400 CTF beds within the five Mental Health Regions of California.

The CTF licensing category was designed to provide an alternative to state hospital or out-of-state placement and to enable children with mental health needs to receive treatment in less restrictive, more appropriate settings, closer to their families' homes. To be licensed as a CTF, the treatment facility must have the capacity to provide "secure containment."

In order for a child to be placed in a CTF, all the following criteria must be met: (1) the child may require a period of containment to participate in and benefit from mental health treatment, and the CTF program must be reasonably expected to improve the child's mental disorder; (2) the child must be seriously emotionally disturbed; (3) other, less restrictive interventions must have been attempted and proven insufficient, or the child is an inpatient in a psychiatric hospital, a state hospital, or an out-of-state placement; (4) the county interagency placement committee must provide certification for the child to be placed in the CTF; and (5) consent from parents, the court, or the conservator must be properly obtained.

Program monitoring of the CTF shall include, but not be limited to, a review of:

- a sample of client charts;
- program staff in-service training records;
- program staff schedules and time cards;
- Denial of Rights Log;
- Restraint and Seclusion records;
- Discharge and Release Procedures;

- Licensed Mental Health Treatment Staffing;
- Child and Family Involvement and Participation; and
- Special investigations;

and will ensure the following:

- each client's treatment/care plans are appropriately addressing identified treatment needs;
- the identified client population is clinically appropriate for the CTF;
- treatment groups are designed to address clients' treatment needs;
- clients are attending their scheduled programming; and
- provision for client care and welfare.

PHFs

Title 22, Division 5 of the CCR constitutes DMH PHF licensing review protocols. These regulations represent the criteria used by DMH to conduct the initial and annual licensure of PHFs.

PHFs are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders in a nonhospital setting**.** PHFs provide 24-hour inpatient care for mentally disordered, incompetent or other persons described in Division 5 (commencing with Section 500) or Division 6 (commencing with Section 6000) of the Welfare and Institution Code (WIC). PHFs are specifically prohibited from admitting or treating prospective patients with primary diagnoses of chemical dependency-related disorders and eating disorders. Further, PHFs may admit and treat only patients who have no physical illness or injury that would require treatment beyond what ordinarily could be treated on an outpatient basis. PHFs mainly provide acute psychiatric treatment services to individuals subject to involuntary commitment under the LPS Act.

The scope of practice for PHFs is defined in Health and Safety Code, Section 1250.2 (a). It was specifically noted in the law that many counties did not have adequate 24-hour acute psychiatric inpatient facilities, that many counties did not have any beds or services for persons needing acute 24-hour inpatient care, and that such services could be provided in a non-hospital setting. If a patient cannot be treated as an outpatient for problems, the patient cannot be treated at a PHF no matter what the patient's level of psychiatric acuity may be. PHFs were created in 1978 by an act of the California Legislature to provide a low cost alternative to hospital-based care. Acute Psychiatric Hospitals employ a medical model; whereas, PHFs employ a multidisciplinary model consistent with its enabling legislation which called for an innovative approach to acute inpatient psychiatric care. PHFs were conceptualized and designed to be an alternative to acute psychiatric hospitals which are traditionally based on a medical model.

PHFs may admit and provide treatment services to:

- Individuals involuntarily detained (commitment under the Lanterman-Petris-Short [LPS] Act) for 72-hour evaluation and treatment pursuant to Welfare and Institutions Code (WIC) Section 5150 et seq.;
- Individuals certified for additional intensive treatment as suicidal under WIC Section 5260;
- Individuals certified for intensive treatment under WIC Section 5250;
- Any individual post-certified as a demonstrated danger of substantial physical harm to others under WIC Section 5300.

Please note: PHFs are considered non-medical facility and for that reason, PHFs are not under the jurisdiction of Office of Statewide Health Planning and Development (OSHPD). OSHPD has regulation development and code enforcement responsibilities for (1) hospital buildings which are licensed acute care facilities (2) skilled nursing facilities and (3) intermediate care facilities which provide skilled nursing level services. PHFs are reviewed only under local building codes as residential facilities.

The DMH/L&C unit is directly responsible for the initial licensure and ongoing oversight of PHFs, including annual onsite facility review to ensure PHFs' compliance with the California Code Regulations, Title 22, Division 5, Chapter 9, and applicable state and federal laws. To ensure the physical well being of the mentally ill persons residing in a PHF, facilities are responsible for the provision, at minimum, of any needed physician, pharmacy, rehabilitation program, dietary and social services.

Measures used to assess program performance and evaluate compliance include but are not be limited to annual onsite review of PHFs using protocols/regulations to ensure compliance with programmatic regulatory requirements. During an onsite survey of a PHF, DMH reviewers interview staff and clients, observe clinical groups and activities and review the facility's:

- Administrative Records
- Personnel Records
- Client Charts
- Physical Plant Records
- Unusual Occurrence and Complaint Records
- Denial of Rights and R&S Records.

The above records are reviewed to verify that:

- Patients are receiving care and supervision as required by statute and regulations;
- PHF services are being delivered as specified in the DMH-approved Plan of Operation;
- The problems for which the patient is initially admitted to the PHF are identified in the treatment/service plan;

- The patient's treatment/care plan appropriately addresses the identified problems (the care plan consists of a synthesis of assessments relating medical, nursing, dietetic and psychiatric rehabilitation programs);
- Facility meets staffing and Criminal Background Check requirements;
- Patients are provided with adequate medical and psychiatric care;
- Facility and grounds are maintained in clean and sanitary conditions at all times.

Staffing

PHF staffing levels were developed based on the premise that individuals with mental disorders and were physically healthy, would be appropriately admitted for treatment. PHF staffing regulations were designed to provide full-time equivalent (FTE) coverage on a seven-day (weekly) basis.

Below are the PHF staff requirements as specified in the regulations.

Each facility shall meet the following full-time equivalent staff-to-census ratio, in a 24-hour period:

In-Patient Census	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
Licensed Mental Health Professionals	1	2	3	4	5	6	7	8	9	10
Nursing Staff	4	5	6	8	10	12	14	16	18	20
Mental Health Workers	3	5	8	10	13	15	18	20	23	25
Totals	**8**	**12**	**17**	**22**	**28**	**33**	**39**	**44**	**50**	**55**

In addition, PHFs must meet the following staffing requirements:

- Registered nurse, employed at 40 hours per week;
- Clinical Director who is a licensed Mental Health Professional
- Psychiatrist/Physician;
- Administrator (can also be the Clinical Director);
- Rehabilitation Service providers (occupational therapists, physical therapists or recreation therapists, under the direction of the clinical director);
- Dietitian,;
- Pharmaceutical Service providers (licensed pharmacists, either onsite or available for consultation).

MHRCs

MHRCs were established through legislation -- Senate Bill (SB) 2017 (Leslie), Statutes of 1994 and Assembly Bill (AB) 2862 (Thomson), Statutes of 1998 -- to provide for the development of an innovative psychiatric rehabilitation program in close collaboration

with county mental health departments and DMH. In creating MHRCs, the Legislature's intent was to create innovative programs that were alternatives to hospital care. They also wanted a licensing category for more appropriate staffing and programming for adults with a serious mental illness (SMI) who would move away from skilled nursing facilities that had historically handled the more elderly, physically and medically compromised populations.

MHRCs provide community-based, intensive support and rehabilitation services designed to assist persons, 18 years or older, with mental disorders who would have been placed in a state hospital or other mental health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning. MHRCs mainly provide mental health treatment services to individuals on conservatorship under the Lanterman-Petris-Short (LPS) Act. MHRC regulations prohibit admission of individuals who are non-ambulatory, who require a level or levels of medical care not provided, who would be appropriately served by an acute psychiatric hospital, or who are diagnosed only with a substance abuse or eating disorder.

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MHRCs provide services designed to assist persons who are seriously disabled by a mental illness to develop skills for achieving self-sufficiency and independent living in the community. The program services are to include, but are not limited to, clinical treatment such as psychiatric and psychological services, learning disability assessment and educational services, pre-vocational and vocational counseling, development of independent living, self-help and social skills, and community outreach to develop linkages with other local support and service systems.

To ensure the physical well being of the mentally ill persons residing in a MHRC, providers are responsible for the provision, at minimum, of any needed physician, pharmacy, rehabilitation program, dietary and social services.

DMH conducts onsite facility review to ensure compliance with regulations. The onsite facility reviews determine substantial facility compliance with application regulations and program objectives.

Measures used to assess program performance and evaluate compliance include but are not limited to annual onsite review of MHRCs using protocols/regulations to ensure compliance with programmatic regulatory requirements. During an onsite survey of a MHRC, DMH reviewers interview staff and clients, observe clinical groups and activities and review the facility's:

- Administrative Records
- Personnel Records
- Client Charts
- Physical Plant Records
- Unusual Occurrence and Complaint Records
- Denial of Rights
- Criminal Background Check Records
- Restraint and Seclusion records

- Program staff in-service training records
- Program staff schedules and time cards.

The above records are reviewed to verify that:

- Patients are receiving care and supervision as required by statute and regulations;
- MHRC services are being delivered as specified in the DMH-approved Plan of Operation;
- The problems for which the client is initially admitted to the MHRC are identified in the treatment/service plan;
- The client's treatment/care plan appropriately addresses the identified problems;
- The care plan consists of a synthesis of assessments relating to medical, nursing, dietetic and psychiatric rehabilitation programs;
- Facility meets staffing and Criminal Background Check requirements;
- Patients are provided with adequate medical and psychiatric care;
- Facility and grounds are maintained in clean and sanitary conditions at all times;
- The identified client population is clinically appropriate for the MHRC;
- The profile and grouping criteria as described in the program plan have been implemented;
- Clients are attending their scheduled programming;
- There are sufficient program staff, other than the Program Director, to provide the scheduled client services;
- The space available for the various program services is adequate for client needs and conforms to the approved MHRC;
- The equipment utilized for the various program services is adequate for client needs and conforms to the approved MHRC Plan;

Staffing

MHRC – requires less nursing staff coverage (0.6 licensed nursing staff hours and 0.6 unlicensed nursing staff hours per resident per day) based on DMH regulations governing MHRCs, as a non-nursing type of facility. As a community based psychosocial rehabilitation program, MHRC requires more program hours based on the requirement for one program staff hour for each five resident hours in the facility.

Regulations require that MHRC staffing include, at a minimum: Medical Director, Director of Nursing Services, Licensed Nurses, Licensed Mental Health Professionals, Consulting Pharmacist and Program and Activity Director.

Nursing Service Staff

Each MHRC shall provide for the full-time equivalent of nursing staff for the provision of nursing services, as follows:

- For MHRCs with 42 beds or more, 0.6 licensed nursing staff hours and 0.6 unlicensed staff hours for each client during each 24-hour period, on a seven-day (weekly) basis.

In addition, MHRCs must meet the following staffing requirements:

- Registered nurses, employed at 40 hours per week;
- Program Director,
- Facility Director,
- Rehabilitation Service providers (occupational therapists, Art therapists, Music Therapist, Music therapist or recreation therapists);
- Dietitian, available for consultation;
- Pharmaceutical Service providers (licensed pharmacists available for consultation);
- One program staff hour for each five resident hours in the facility;
  One (1) hour of activity program staff time for each seven (7) hours of activity programs provided to each client.

Department of Mental Health
Licensing & Certification
MHRC / PHF Surveys
Document Request List

Please Note: This list may not be exhaustive of the documents required during an onsite survey and the Department of Mental Health reserves the right to request additional documents as deemed necessary to complete the onsite review.

Documents Requested At Entrance Conference	MHRC	PHF
GENERAL SURVEY		
1. Set of keys for each surveyor	X	X
2. Organizational Chart with Staff Names included	X	X
3. Resume of the Clinical/Rehabilitation Program Director	X	X
4. Resumes of all new staff hired after the last DMH review. If a staff does not have the minimum qualifications required, a specific written plan of supervision should be present, which includes frequency and number of hours of training, subjects to be covered, and a description of supervision provided.	X	X
5. List of program staff with their date of hire and time base (full or part time)	X	
6. Staffing Records reflecting daily staff coverage, to include fulltime, part time, and on call staff (Schedules and actual time card records)	X	X
7. Annual In-service Training Calendar	X	X
8. New Employee Orientation Records	X	X
9. Employee In-service Training Records/In-Service Training Documentation	X	X
10. Access to Employee Health Records (Physical, PPD)	X	X
11. Plan of Operation which should include a definition of purpose, goals, and services of the organization.	X	X
12. Financial Plan	X	X
13. Current written contracts with the county(ies)	X	X
14. Copy of written transfer agreement with health or other facilities	X	X
15. Written contracts or agreements with outside agencies, if any, providing treatment, and/or rehabilitation services	X	X
16. Census and List of current clients and their room numbers	X	X
17. Activity Schedule	X	X
18. Group Schedule	X	X
19. Group Client Hours (Past 3 months)	X	
20. Policy and Procedure Manuals	X	X
21. Restraint / Seclusion Log	X	X
22. Denial of Rights Logs	X	X
23. Monthly/Quarterly H&S Code 1180 S&R Data Collection documents and proof of submittal to the County on a quarterly basis	X	X
24. Incident Log	Past year	Past 3 years
25. Incident Reports (Past 3 months)	X	X
26. Access to Client Records including 5-10 closed records	X	X

Documents Requested At Entrance Conference	MHRC	PHF
GENERAL SURVEY *continued*		
27. Access to Medication Records	X	X
28. Performance Improvement / Quality Improvement Minutes (Past year)	X	X
29. Safety / Risk Management Minutes/Reports (Past year)	X	X
30. Pharmacy Committee Minutes/Reports (Past year)	X	X
31. Clinical Staff Monthly Minutes		X
32. Formal peer review and utilization review program (Policy & Procedure / Meeting Minutes)		X
33. Quality Assurance Records	X	X
34. Governing Body / Medical Professional Bylaws		X
35. Bonds P & P and copy of bond		X
PHYSICAL PLANT	**MHRC**	**PHF**
1. Facility Disaster Plan	X	X
2. Current Fire Life Safety / Fire Clearance	X	X
3. Maintenance Policy and Procedure Manuals	X	X
4. Fire Safety and Disaster Manuals	X	X
5. Fire and Disaster Drill Logs	X	X
6. Maintenance Log Books (Generator, Water Temps, Work Logs)	X	X
7. Housekeeping Policies and procedures/Manuals	X	X
CRIMINAL BACKGROUND CLEARANCE (CBC)	**MHRC**	**PHF**
1. Copy of current CBC Policy and Procedure	X	X
2. List of **All** Employees, Contract Staff, Volunteers, students and Interns **hired after last DMH Review**. • List to be in alphabetical order by last name, with titles, date of hire, live scan date, and date of clearance.	X	X
3. List of All Current Employees, Contract Staff, Volunteers and Students. • List to be in alphabetical order by last name, with titles, date of hire, live scan date, and date of clearance.	X	X
4. Copy of all DMH Clearance Letters & LiveScan Applications for all Employees, Contract Staff, Volunteers, Students & Interns **hired after last DMH Review.** • If LiveScan applications and clearance letter are already in a binder, we will utilize that binder. If not, making a binder is highly recommended for future use.	X	X
5. List of employees no longer working at the facility. • List to be in alphabetical order by last name, with titles, date of hire, live scan date, date of clearance, and date of termination.	X	X
6. Copy of all "No Longer Interested" forms of employees no longer working at the facility, in alphabetical order by last name. • If in a binder, we will utilize that binder, if not, we highly recommend for future use.	X	X